

The Evolution of Telemedicine: A Conversation with Steve Normandin

Editor's Note: Steve Normandin is the President of AMD Global Telemedicine, Inc. For over 25 years, Mr. Normandin has been working to advance the field of telemedicine. Mr. Normandin has seen an entire industry come of age, and as technology and internet access become ubiquitous in the U.S. and abroad, the state of telemedicine has never been more exciting.

Many more patients have access to healthcare as an increasing number of providers and medical professionals offer remote treatment options through video conferencing and other technologies. Mr. Normandin was recently asked how [telemedicine](#) has evolved, and where the industry may be headed.

TMT: *How has telemedicine gotten to where it is today?*

Mr. Normandin: When telemedicine started, it was basically for rural healthcare. In the middle of the country, where it was hard to get healthcare and hard to get doctors, it was very difficult and costly to get communication lines out there. That was really the beginning of telemedicine.

Over the years, telemedicine has gone from being its own niche industry with mostly pilot projects, to being a major component in healthcare delivery around the world. Today, telemedicine is listed as a strategy in three out of four goals for healthcare IT (information technology) departments, as suggested in the [Health & Human Services' Federal Health IT Strategic Plan for 2015-2020](#), and it is now on the priority list of just about every major hospital in the US. Furthermore, telemedicine has made its way into many application areas beyond hospitals—basically, anywhere patient care is needed. Such applications include community clinics, wellness centers, long-term care facilities, and pharmacies.

Telemedicine has proved itself time and time again to be a powerful tool in many applications where there is a lack of quality healthcare nearby and as a way to bring

healthcare to the patient instead of the other way around. This is especially true wherever there are small populations of underserved people—be that rural communities, in schools, or out on ships and oil rigs. *[Editor's note: In Telehealth and Medicine Today, Talbot "Mac" McCormick presents supporting data for teleneurology in rural hospitals.]*

Lately one of the strongest adopters of telemedicine use has been overseas. In most situations these international healthcare providers lack existing telecommunications infrastructure and are addressing patient populations who may not have had any access to healthcare. They evaluate the latest digital technologies, instead of going with a brick-and-mortar approach, and create large-scale telemedicine programs with the latest technology as their baseline. This focus on the technology first, has created a big growth opportunity for telemedicine in the international market. *[Editor's note: Clint Carney offers an example of the impact of telemedicine in rural Ghana, [here](#), in Telehealth and Medicine Today.]*

TMT: *What does it take to cater to a business in the consumer market?*

Mr. Normandin: As you might guess, a lot of our existing customers are either working in the clinic or hospital space, in home care, or otherwise directly with consumers. Our customers want delivery mechanisms for healthcare information that can be used in each of those applications, so that doctors don't have too many different software packages to adapt to.

In the long-run, I think telemedicine providers need to cater to both healthcare organizations and direct to consumers. They all work towards the same goal: [Continuum of Care](#). As telemedicine becomes more accepted by both the care providers and the patients many things are going to change. The location where patients receive care can be almost anywhere in today's model of healthcare, whether it be the hospital or urgent care facility, their primary care doctor's office, in schools, at the office, at home, or even in the middle of the ocean. We need to be prepared as

telemedicine technology providers, to stay innovative with solutions that make it easy to obtain healthcare no matter where you are.

***TMT:** How is telemedicine affected by its growth in corporate spaces?*

Mr. Normandin: There are a lot of healthcare insurance plan providers that seem to be doing a great job of getting telemedicine in front of patients, directly. I think one of the things that's changed in the last few years has been giving patients a lot more responsibility for their own healthcare, and I believe that's a great thing.

You can pay your co-pay and see a doctor without going to the doctor's office or the hospital. It's a lot more convenient for the patients, and in a lot of cases, it's cheaper as well. For people in rural areas, it saves them from having to drive a couple of hours for care that can be addressed in a short telemedicine visit online. This also serves to make telemedicine much more acceptable for a new generation of doctors and providers.

When we were first getting started 25 years ago, it was the patients that seemed the most interested even back then. Many of the doctors just said, "I'm not practicing medicine on a TV set." Telemedicine wasn't accepted by as many healthcare professionals and organizations as it is today. Now, we see an enormous shift in the interest from providers. For example, the Massachusetts Hospital Association is fighting hard for reimbursement changes in the state so that providers can leverage telemedicine to deliver the appropriate patient care. People that were at one time skeptical are now very much in support of [telemedicine technology](#).

***TMT:** In the next 10 years, where do you see the technology behind telemedicine headed?*

Mr. Normandin: I strongly believe the biggest change in the telemedicine landscape moving forward is going to be the usability of communication technologies and devices that make telemedicine examinations just like an in-person experience.

As telemedicine becomes standard, I think the term "telemedicine" will probably go away at some point in the not too distant future, I think it's going to be just "medicine." It's just one more tool to practice healthcare.

As telemedicine is evolving into part of their clinical workflow and practices, many of our customers are now looking beyond wheeling a mobile cart from room-to-room as needed for telemedicine consults. Instead, they want the telemedicine equipment to be readily available, stationary and take up less space in the examination rooms. Accordingly, our customers are asking for wall mounted [telemedicine systems](#), ones that look like they belong in any doctor's office you've ever been in.

AMD just released a new product called PAT at the ATA meeting in May to address this change in the market. PAT is what we call a Patient Assessment Terminal. Basically, it is a wall mount system designed specifically for telemedicine exams. PAT comes with everything you need to a clinical examination including video conferencing, medical devices, encounter management software, and a secondary workstation for documentation and data entry.

As the industry continues to evolve and healthcare organizations mainstream telemedicine into their strategies, new advances in technology and an increased adoption of online interactions will continue to dictate where the industry goes from here which can only be up.

Tags: AMD Global Telemedicine, brick-and-mortar, communication, community clinic, continuum of care, corporate, healthcare, information technology, Infrastructure, long-term care facilities, medicine, Normandin, Patient Assessment Terminal, pharmacy, rural healthcare, technology, telemedicine, video conferencing, wellness centers